



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600003

CITY OR TOWN **ROCKPORT**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BRACKETT'S OCEANVIEW RESTAURANT INC.**

DOING BUSINESS AS **BRACKETT'S OCEANVIEW RESTAURANT**

ADDRESS **25 MAIN STREET**

CITY/TOWN: **ROCKPORT**

STATE: **MA**

ZIP CODE: **01966**

MANAGER: **BRACKETT JR.,
CHARLES H.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 CONNECTED MULTI-LEVEL BLDGS. STREET LEVEL: 3 ENTRY/ EXITS; 1 EMERG. EXIT IN DINING AREA; BASEMNT. LEVEL; 1 SIDE ENTRY/EXIT AND 2 REAR ENTRY/EXITS; ONE BLDG. WOOD, OTHER IS BRICK. ENTIRE PROPERTY IS PROTECTED BY WET SPRINKLER SYSTEM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600004

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 68 BEARSKIN NECK, LLC

DOING BUSINESS AS MY PLACE BY THE SEA

ADDRESS 68 BEARSKIN NECK

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: STAVROPOULOS, TYPE OF LICENSE: Restaurant
BARBARA

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600007

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELLEN'S COFFEE SHOP, INC

DOING BUSINESS AS ELLEN'S HARBORSIDE

ADDRESS 1 T WHARF

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: BALZARINI, LISA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600008

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Karin J. Porter

DOING BUSINESS AS Fish Shack Restaurant

ADDRESS 21 Dock Square

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: Porter, Karin J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

Full service waterfront restaurant

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600011

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HORSESHOE, INC.

DOING BUSINESS AS BLACKSMITH SHOP RESTAURANT

ADDRESS 23 MT. PLEASANT STREET

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: ALOISE, STEPHEN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT ON FIRST FLOOR, FUNCTION ROOM ON 2ND FLOOR, STORAGE ON 3RD FLOOR,
SEATING CAPACITY INCLUDING FUNCTION ROOM APPROX. 225

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LICENSE NUMBER: 103600014

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEAWARD INN INC.

DOING BUSINESS AS SEA GARDEN RESTAURANT

ADDRESS 44 MARMION WAY

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: GILSEY, NANCY
CAMERON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, OFFICES, LIVING ROOM, SUN PORCH, THREE OTHER DINING ROOMS,
ROSE ROOM...LIQUOR TABLES ACROSS FROM BUFFET TABLE...

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600015

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE LOBSTER GRILLE, LLC

DOING BUSINESS AS

ADDRESS 15 DOCK SQUARE

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: MCCARTHY,
MAURA E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF THREE STORY WOOD STRUCTURE. THE FIRST FLOOR IS A COMMERCIAL RESTAURANT. MAIN ACCESS ABUTTING DOCK SQUARE. EMERGENCY EXIT IN REAR OF FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

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